

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

FILED
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NOV 15 2022
AT BALTIMORE
CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND
ENTERED
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BY

Geraldine Desgraviers

Complaint for a Civil Case

Case No. 22 CV 2970
(to be filled in by the Clerk's Office)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: ☐ Yes ☐ No
(check one)

-against-

State of Maryland MDH
Spring Grove Hospital Center

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Geraldine Desgraviers</u>
Street Address	<u>3450 Basford Road</u>
City and County	<u>Frederick, Frederick County</u>
State and Zip Code	<u>Maryland 21703</u>
Telephone Number	<u>240-241-2671</u>
E-mail Address	<u>gdesgrav@live.com</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>MDA - Spring Grove Hospital Center</u>
Job or Title (if known)	<u>Human Resources</u>
Street Address	<u>55 Wade Ave.</u>
City and County	<u>Baltimore, Baltimore County</u>
State and Zip Code	<u>Maryland 21228</u>
Telephone Number	<u>410-402-6000</u>
E-mail Address (if known)	

Defendant No. 2

Name _____

Job or Title
(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address
(if known) _____

Defendant No. 3

Name _____

Job or Title
(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address
(if known) _____

(If there are more than three defendants, attach an additional page providing the same information for each additional defendant.)

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

~~55 Wade Ave.~~ ^{error GD} Spring Grove Hospital Center
 55 Wade Ave.
 Baltimore, Baltimore County
 Maryland 21228
 410-402-6000

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- ☐ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☒ Other federal law *(specify the federal law)*:

FMLA Family Medical Leave Act

- ☐ Relevant state law *(specify, if known)*:

- ☐ Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts *(specify)*: FMLA VIOLATION

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

March 24, 2022

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.
- ☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race AFRICAN-AMERICAN (Black)
- ☐ color _____
- ☐ gender/sex _____
- ☐ religion _____
- ☐ national origin _____
- ☐ age. My year of birth is _____. *(Give your year of birth only if you are asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*
PTSD

- E. The facts of my case are as follows. Attach additional pages if needed.

I was injured by two patients at Spring Grove Hospital Center on 8/16/2021. Due to the diagnosis of PTSD and physical injuries, I requested FMLA advised by my primary care provider on Feb. 2022. I was denied FMLA by the employer SGHC on Feb. 2022. On March 17, 2022, this writer received letter from MDH stating that I would need to resign. If I do not resign, effective 3/24/22, I am terminated.
(Note: As additional support for the facts of your claim, you may attach to this (please see attachment) complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

June 2021

- B. The Equal Employment Opportunity Commission (check one):

- ☐ has not issued a Notice of Right to Sue letter.
☒ issued a Notice of Right to Sue letter, which I received on (date)

August 21, 2022

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

- ☐ 60 days or more have elapsed.
☐ less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Due to the injuries, physical and psychological in nature,
that occurred at Spring Grove Hospital Center on August
16, 2021, I requested some time off by the initiation of FMLA
via the employer. The employer (SGHC) denied my request and
was told to resign. I request that the court award this writer,
Geraldine Desgravier, \$75,000 by the defendant (SGHC) due to the
pain and psychological grief that I have endured during this process.
The employer violated my constitutional right in the denial of and/or
refusing this writer in ~~gran~~ taking some time off of work via FMLA.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/12, 2022.

Signature of Plaintiff

Printed Name of Plaintiff

Geraldine Desgravier
Geraldine Desgravier

(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address